LC1000017498

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
•		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer.

L. SELLERS

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EXAMINER

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SECRETARY OF STATE

FILED

COVER LETTER

Registration Section

TO:

CR2E079 (5/06)

Division of Corporations	
_{SUBJECT:} Synergy Handyman Se	rvices, LLC
	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
Louis Pfaff	,
(Contact Person)	
Synergy Handyman Services, LLG	C
(Firm/Company)	
2800 Davis Blvd Ste. 200	
(Address)	
Naples, FL 34104	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
James	at (239) 5379282
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee Florida 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it a of State is: Synergy Handyman Servic	
2. This limited liability company was organized un- Florida	der the laws of:
3. The Florida document/registration number of thi L06000027498	s limited liability company is:
4. I, James Jones (Print Name of Person Resigning) of this limited liability company and affirm the lin	_, hereby resign as a Managing Member (Print Title)
Signature of Resigning Member, Managing Mem	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	10 JAN 14 SECRETAR TALLAHASS

CR2E079 (5/06)